



ORIGINAL  
(Red)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

3

JUL 24 1981

Mr. R. W. Slinkman  
North American Philips Corporation  
100 East 42nd Street  
New York, NY 10017

Dear Mr. Slinkman:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

CONDITIONS OF OPERATION DURING  
INTERIM STATUS

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Date Prepared: July 24, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

1. Facility name, location, and EPA Identification Number.

Name: Philips ECG Inc. - A North Amer. Philips Co.

Location: 3101 Pleasant Valley Blvd.  
Altoona, PA 16603

EPA I.D. No.: PAD 00 437 4955

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name: Mr. R. W. Slinkman, Vice President

Operator's Name: Mr. R. N. Isacke, Plant Manager

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
<u>S01</u>	<u>1000 Gals.</u>
<u>S02</u>	<u>3000 Gals.</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

<u>F001</u> <i>Solvents</i>	<u>F002</u> <i>Solvents</i>	<u>D005</u> <i>Flammable</i>	<u>F005</u> <i>Solvents</i>	<u>D001</u> <i>Inert</i>
<u>F003</u> <i>Solvents</i>	<u>D003</u> <i>Reactive</i>	<u>D002</u> <i>Corrosive</i>	<u> </u>	<u> </u>

\* For Waste Code F017, See Attachment

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ATTACHMENT

Re: Paint Wastes

EPA has completed its initial review of your application to treat/store/dispose of hazardous waste under the Resource Conservation and Recovery Act (RCRA). The paint wastes listed as being handled by your facility have been temporarily suspended from regulation as a listed hazardous waste. An amendment to 40 CFR Part 261.32, Hazardous Waste from Specific Sources, was published in the Federal Register on January 16, 1981. This amendment temporarily suspended the listing of all wastes from the manufacture of paints (EPA Hazardous Wastes Nos. F017, F018, K078, K079, K081, K082) until further study on those wastes has been conducted. However, wastes which exhibit any of the hazardous waste characteristics (i.e. reactivity, ignitability, corrosivity, and EP toxicity) as defined in 40 CFR Part 261 remain subject to regulation under RCRA.

EPA requests that you make a determination as to whether or not the waste streams listed on your application are hazardous by one or more of the general characteristics. Ignitability and EP toxicity would be the characteristics which would most likely cause paint manufacturing wastes and residues to be defined as a hazardous waste. In order to properly process your permit application and avoid further inquiries, a response within 10 days would be beneficial to yourself and EPA.

If you have any questions, please do not hesitate to contact Bill Walsh at (215) 597-1230.

All replies should be addressed to:

U.S. Environmental Protection Agency  
Permits Enforcement Branch  
RCRA Administrative Support Section  
6th and Walnut Streets  
Philadelphia, PA 19106  
Attn: Ms. Shirley D. Bulkin (3EN24)



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF SOLID WASTE MANAGEMENT  
407 South Cameron Street  
Harrisburg, Pennsylvania 17101  
(717) 787-9697  
November 5, 1982



Philips ECG, Incorporated  
3101 Pleasant Valley Boulevard  
Altoona, PA 16602

Re: EPA Identification No. PAD 00 437 4955

Gentlemen:

This letter constitutes a formal request for Part B of your Application for a Hazardous Waste Management Facility Permit under the Hazardous Waste Management Regulations, 25 PA Code Chapter 75, Subchapter D, for the facility referenced above. This request is made under the authority of Section 75.265(z)(6) of the regulations. You should refer to the Hazardous Waste Management Regulations that appeared in the Pennsylvania Bulletin dated September 4, 1982, which was recently mailed to you, for the requirements of the Part B Application. Your Part B Application must be submitted no later than six months from the date of this notice. If there is information that is being claimed as confidential, indicate this according to the requirements of Section 75.265(z)(16).

Enclosed are reference checklists for your Part B Application that are to be used to insure your application contains the minimum information required. These checklists are to be used to assist you in your Part B Application and our subsequent review, although the checklists are not a substitute for reviewing and addressing the hazardous waste regulations themselves. Because you may be anticipating additional facilities at your location, we have included checklists for every type of facility covered by the Department requirements. Please use only those checklists that apply to the types of facilities for which you are making application.

Your Part B Application will be reviewed for a Hazardous Waste Management TSD Permit by both the U. S. Environmental Protection Agency and the Department of Environmental Resources until the Commonwealth of Pennsylvania receives Phase II Interim Authorization under the RCRA Program to solely administer a permitting program.

Philips ECG, Incorporated  
November 5, 1982  
Page 2

ORIGINAL  
(Red)

You should submit the Part B Application to both agencies for their concurrent review. This would require that the hazardous waste requirements under Pennsylvania regulations as well as the hazardous waste management requirements under the Federal program would have to be addressed.

When completed, please transmit your application and five copies (or seven copies if there is an incineration facility) to our office, and if you have any questions or desire to have a pre-application conference, please contact us.

Sincerely,

Edward R. Simmons  
Regional Solid Waste Manager  
Harrisburg Regional Office

ERS:jrm

Enclosures

cc: Shirley Bulkin, EPA



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October 18, 1989

U.S. EPA Region III  
Waste Management Branch  
200 3rd Fl  
841 Chestnut Street  
Philadelphia, PA 19107

RE: Carol Cable Company  
3101 Pleasant Valley Blvd  
Altoona, PA 16803  
EPA ID Number

Dear Sir,

Attached please find our notification of Hazardous Waste Activity for the above referenced facility.

I am also enclosing a copy of the Supplement to U.S. EPA Notification of Hazardous Waste Activity Form (EPA Form 8700-1E) which we have forwarded to the Pennsylvania Department of Environmental Resources under separate cover.

We thank you in advance for your cooperation.

Sincerely,

CAROL CABLE COMPANY

Ronald Mathieu

Corporate Safety Director

cc:

H. Stern

G. Benny

F. Haxington

CONDUIT • AIRPORT LIGHTING CABLE • CORDSETS • BATTERY AND LIGHTING FIXTURE PARTS • DECORATOR BULBS

CONDUIT • AIRPORT LIGHTING CABLE • CORDSETS • BATTERY AND LIGHTING FIXTURE PARTS • DECORATOR BULBS

PORTABLE CORD • WELDING, W & G AND CONTROL CABLE • ELECTRONIC BOOSTER CABLES • SPARK PLUG WIRE SETS • START

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Cred File GW 12/18  
Form Approved OMB No. 2050-0028 Expires 9-30-88  
GSA No. 0246-EPA-07

United States Environmental Protection Agency  
Washington, DC 20460



# Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C  
C

Installation's EPA ID Number

Approved

Date Received  
mo. day

OCT 25 1989

C  
F

### I. Name of Installation

C A R O L C A B L E C O M P A N Y I N C

### II. Installation Mailing Address

Street or P.O. Box

3 3 1 0 1 P L E A S A N T V A L L E Y B L V D

City or Town

State

ZIP Code

4 A L T O O N A

P A 1 6 6 0 3

### III. Location of Installation

Street or Route Number

5 3 1 0 1 P L E A S A N T V A L L E Y B L V D

City or Town

State

ZIP Code

6 A L T O O N A

P A 1 6 6 0 3

### IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

2 B E R R Y H E L E N P L T M G R

8 1 4 9 4 4 5 0 0 2

### V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C A R O L C A B L E C O I N C

P

### I. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

#### A. Hazardous Waste Activity

- 1a. Generator
- 1b. Less than 1,000 kg/mo.
- 2. Transporter
- 3. Treater/Storer/Disposer
- 4. Underground Injection
- 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)
  - a. Generator Marketing to Burner
  - b. Other Marketer
  - c. Burner

#### B. Used Oil Fuel Activities

- 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
  - a. Generator Marketing to Burner
  - b. Other Marketer
  - c. Burner
- 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

### VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- A. Utility Boiler
- B. Industrial Boiler
- C. Industrial Furnace

### VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- A. Air
- B. Rail
- C. Highway
- D. Water
- E. Other (specify)

### IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- A. First Notification
- B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

P A D 0 0 4 3 7 4 9 5 5







ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY

JAN 08 REC'D

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD361134083

INSTALLATION ADDRESS

BERRY HELEN PLT MGR  
CAROL CABLE COMPANY INC  
3101 PLEASANT VALLEY BLVD  
ALTOONA PA 16603

3101 PLEASANT VALLEY BLVD  
ALTOONA PA 16603

EPA Form 8700-12A (4-80)

*Joe*

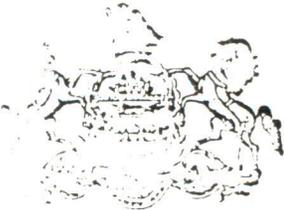
*833-4700*

*Rock's*

*833-5777*

*M*

APPENDIX B



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF SOLID WASTE MANAGEMENT  
615 Howard Avenue  
Altoona, Pennsylvania 16601



(814) 946-7292

July 7, 1982

Mr. Thomas Hoppel, Materials Engineer  
Phillips ECG, Inc.  
3101 Pleasant Valley Boulevard  
Altoona, PA 16602

Dear Mr. Hoppel:

This letter is to recap the hazardous waste generator and treatment/storage/disposal (TSD) facility inspection conducted by myself on June 29, 1982. As I stated then, you can expect a minimum of one generator and two TSD inspections annually, plus follow-up inspections, as is mandated by a Letter of Agreement between the Federal Environmental Protection Agency and the Pa. Department of Environmental Resources.

During the inspection a number of violations were noted as listed below:

1. Contrary to Section 75.261(d), written authorization was not obtained from Industrial Solvents of York Haven, Pennsylvania, prior to releasing a shipment of hazardous waste to them on 12/17/81.
2. The correct procedure for resolving a manifest exception, as stated in Section 75.261(j), was not followed for a shipment of hazardous waste to Frontier Chemical of Niagra Falls, New York, when the signed Part B of the manifest was not returned within the time limits.
3. According to Section 75.265(k) (2) (v), your facility must maintain a written operational record which must contain the inspection log required by 75.265(e) (5). This log must include, at a minimum, the date and time of the inspection, the name of the inspector, a notation of observations made, and the date and nature of any repairs or other remedial actions. As we discussed, this log must extend to weekly inspections of the drum storage area.

During my inspection I erroneously marked the second to last item on the TSD-Storage Form ("Covered tanks in which ignitable . . . waste is treated or stored meets NFPA buffer zone requirements") as "not applicable". It should be marked as "not determined", since I do not have these guidelines available with which to make a determination.

Thomas Hoppel, Materials Engineer  
Phillips ECG, Inc.

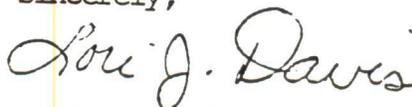
-2-

ORIGINAL  
16  
July 7, 1982

In addition, as we discussed during my inspection, I advise you to review the requirements for personnel training in Section 75.265(f) and ensure that your facility is in compliance. The outline for the training program will be required with the Part B submission to the Department in the very near future.

If you have any questions, please feel free to contact me at 814, 946-7292.

Sincerely,



Lori J. Davis  
Solid Waste Specialist

LJD/kc

c: ~~File~~

F. Fair

Central Office

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**APPENDIX C**

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL SOURCES  
 BUREAU OF SOLID WASTE MANAGEMENT  
 HAZARDOUS WASTE REPORT

ORIGINAL  
(Red)

JUL 27 1981

04

Please print or type with ELITE type (12 characters/inch)

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING 06-30-1981

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING 06-30-1981

II. INSTALLATION'S ID. NUMBER

PA0004374955

III. NAME OF INSTALLATION

Phillips ECG Inc.

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3101 Pleasant Valley Blvd.

CITY OR TOWN

Altoona

ST. ZIP CODE

PA 16603

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

Altoona

CITY OR TOWN

ST. ZIP CODE

COUNTY

Blair

VI. INSTALLATION CONTACT

NAME (last and first)

Hoppel Thomas

PHONE NO. (area code & no.)

814 943 1126

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

NY D043815703

MID060975844

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

\$ 13,000

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppel

A. Print or Type Name

*Thomas O. Hoppel*

B. Signature

6/30/81

C. Date

GENERATOR QUARTERLY REPORT - PART A

ORIGINAL  
(Red)

FOR OFFICIAL  
USE ONLY  
(Items 1 and 2)

1. DATE RECEIVED

19

X. GENERATOR'S I.D. NO.

2. RECEIVED BY

PA D043815703

XI. FACILITY'S I.D. NO.

NYD043815703

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code)

4626 Royal Ave.  
Niagara Falls, NY 14303  
JUL 2 1981

XII. FACILITY NAME (specify).

Frontier Chemical Waste  
Process Co.

MUN.

COUNTY of Hamilton

XIV. WASTE IDENTIFICATION

LINE NO	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Barium Compounds, n.o.s. MDN: PA A0425132	14	D005	1800	K	
2	Trichloroethylene MDN: PA A0425132	14	F002	690	K	
3	MDN:					
4	MDN:					
5	MDN:					
6	MDN:					
7	MDN:					
8	MDN:					
9	MDN:					
10	MDN:					

XV. COMMENTS (enter information by line number-see instructions.)

Print or type with ELITE type (12 characters/inch)

ORIGINAL (copy)

### GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL USE ONLY (Items 1 and 2)

1. DATE RECEIVED

    -    -    19

X. GENERATOR'S I.D. NO.

PAD0274955

2. RECEIVED BY

XI. FACILITY'S I.D. NO.

MI D 0 6 0 9 7 5 8 4 4

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code.)

36345 Van Born Rd. JUL 22 1981  
Romulus, MI 48174

XII. FACILITY NAME (specify).

Chemical Recovery Systems, Inc.

MUN.

Div. of Hazardous  
COUNTY

XIV. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Alcohol, n.s. MDN- MI 0042812	07	F005	8370	K	
	MDN-					
	MDN-					
3						
	MDN-					
4						
	MDN-					
5						
	MDN-					
	MDN-					
7						
	MDN-					
8						
	MDN-					
9						
	MDN-					
0						
	MDN-					

XV. COMMENTS (enter information by line number-see instructions.)

ORIGINAL (Red)

Print or type with ELITE type (12 characters/inch)

### FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL USE ONLY (Items 1 & 2)

1. DATE RECEIVED

- - 1 9

XVI. FACILITY'S I.D. NO.

2. RECEIVED BY

025704374955

XVII. GENERATOR'S I.D. NO.

XIX. GENERATOR ADDRESS (Street or PO box, city, state & zip code.)

XVIII. GENERATOR NAME (specify)

ON-SITE

JUL 27 1981

MUN.

DIV. OF H<sub>2</sub>O COUNTY

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Alcohol, n.o.s.	F005	S02	6138	K	
	MDN--		Date 06-30-81			
	Barium	D005	S01	300	K	
	MDN--		Date 06-30-81			
3						
	MDN--		Date - -			
4						
	MDN--		Date - -			
5						
	MDN--		Date - -			
6						
	MDN--		Date - -			
7						
	MDN--		Date - -			
8						
	MDN--		Date - -			
9						
	MDN--		Date - -			
10						
	MDN--		Date - -			

XXI. COMMENTS (enter information by line number--see instructions.)

XVII. GENERATOR'S I.D. NO.

XVIII. GENERATOR NAME (Specify)

ON-SITE

MUN.

JUL 2 1981

ORIGINAL (Red)

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (hWT License No.)
1	Alcohol, n.o.s. MDN-	F005	S02 Date 06-30-81	6138	K	
2	Barium MDN-	D005	S01 Date 06-30-81	300	K	
3	MDN-		Date - -			
4	MDN-		Date - -			
5	MDN-		Date - -			
6	MDN-		Date - -			
7	MDN-		Date - -			
8	MDN-		Date - -			
9	MDN-		Date - -			

XXI. COMMENTS (enter information by line number—see instructions.)

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF SOLID WASTE MANAGEMENT  
HAZARDOUS WASTE REPORT

ORIGINAL  
(Red)

Please print or type with ELITE type (12 characters/finch)

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING

09-30-1981

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING

- - - 19

PLEASE PLACE LABEL IN THIS SPACE



II. INSTALLATION'S ID. NUMBER

PAD004374955

III. NAME OF INSTALLATION

Phillips ECG Inc.

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3101 Pleasant Valley Blvd.

CITY OR TOWN

Altoona

ST. ZIP CODE

Pa 16603

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

Altoona

CITY OR TOWN

ST. ZIP CODE

COUNTY

Blair

VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

Hoppel Thomas

814-943-1126

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

PAD 098732118

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)

\$ 13,000

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppel

*Thomas O. Hoppel*

10-14-81

A. Print or Type Name

B. Signature

ORIGINAL  
 (Red)

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL  
 USE ONLY  
 (Items 1 and 2)

1. DATE RECEIVED

- - 1 9

X. GENERATOR'S I.D. NO.

2. RECEIVED BY

P A D C C 4 3 7 4 9 5 5

XI. FACILITY'S I.D. NO.

P A D 0 9 8 7 3 2 1 1 8

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code.)

R.D. #1, Steven's Rd.  
 York Haven, Penna.

XII. FACILITY NAME (specify).

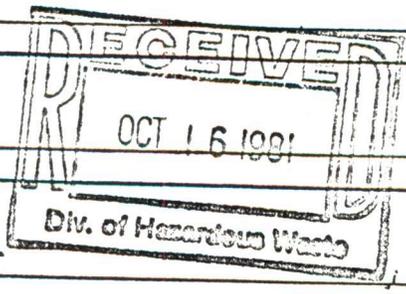
Industrial Solvents  
 & Chemical Company

MUN.

COUNTY

XIV. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Alcohol, n.o.s. MDN- PA A 0678591	07	F 0 0 5	7 6 5 1	K	
2	MDN-					
3	MDN-					
4	MDN-					
5	MDN-					
6	MDN-					
7	MDN-					
8	MDN-					
9	MDN-					
0	MDN-					



V. COMMENTS (enter information by line number-see instructions.)

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF SOLID WASTE MANAGEMENT  
HAZARDOUS WASTE REPORT

ORIGINAL  
(Red)

0407

Duration of...

Please print or type with ELITE type (12 characters/inch)

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING

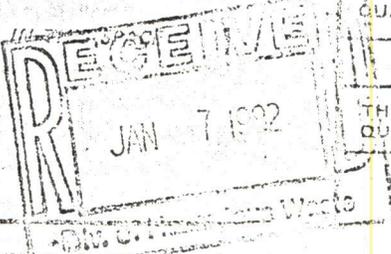
12-31-1981

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING

- - - 19

PLEASE PLACE LABEL HERE



II. INSTALLATION'S ID. NUMBER

PAD004374955

III. NAME OF INSTALLATION

Phillips ECG Inc

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

Bicycle Pleasant Valley Blvd

CITY OR TOWN

ST. ZIP CODE

Altoona

PA 16603

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

Altoona

CITY OR TOWN

ST. ZIP CODE

COUNTY

Blair

VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code)

Hoppel Thomas

814 943 1126

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

PAD098732118

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)

\$ 13,000

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppel

Thomas O. Hoppel

1-4-82

A. Print or Type Name

C. Date

Handwritten initials

ORIGINAL  
(Red)

Please print or type with ELITE type (12 characters/inch)

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL  
USE ONLY  
(Items 1 and 2)

1. DATE RECEIVED - 1 9  
2. RECEIVED BY

X. GENERATOR'S I.D. NO.  
P A D 0 0 4 3 7 4 9 5 5

XI. FACILITY'S I.D. NO.  
P A D 0 9 8 7 3 2 1 1 8

XIII. FACILITY ADDRESS (Street or PO Box, City, state & zip code)  
R.D. #1, Steven's Road  
York Haven, PA. 17370

XII. FACILITY NAME (specify)  
Industrial Solvents  
& Chemical Company

MUN. COUNTY

XIV. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Trifluorotrichloroethane (Freon TA) MDN- PA A 0675695	14	F001	230	K	
	Alcohol, denatured MDN- PA A 0675695	07	F005	160	K	
3						
4						
5						
7						
8						
9						
10						

XV. COMMENTS (enter information by line number-see instructions.)

RECEIVED  
JUN 7 1992

04

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF SOLID WASTE MANAGEMENT  
HAZARDOUS WASTE REPORT

ORIGINAL  
(Red)

Please print or type with ELITE type (12 characters/inch).

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING

3 - 31 - 1982

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING

- - - 19

II. INSTALLATION'S ID. NUMBER

PADCO4374955

III. NAME OF INSTALLATION

Philips ECG Inc

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3101 Pleasant Valley Blvd

CITY OR TOWN

Altoona PA

ST. ZIP CODE

PA 16603

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

Altoona

CITY OR TOWN

ST. ZIP CODE

COUNTY

Blair

VI. INSTALLATION CONTACT

NAME (last and first)

Hoppel Thomas

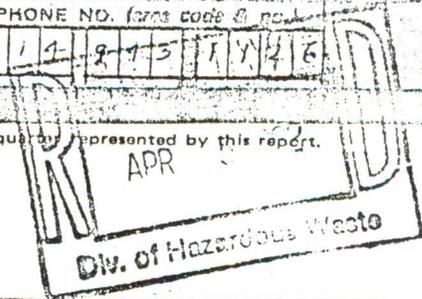
PHONE NO. (area code & no.)

814-943-1746

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

NY D043815703 - *fundal chemical Niagara falls*



VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)

\$ 13,000

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppel

*Thomas O. Hoppel*

4-2-82

A. Print or Type Name

B. Signature

C. Date Signed

GENERATOR QUARTERLY REPORT - PART A

ORIGINAL  
(Red)

FOR OFFICIAL  
USE ONLY  
(Items 1 and 2)

1. DATE RECEIVED

- - 1 9

X. GENERATOR'S I.D. NO.

P A D 0 0 4 3 7 4 9 5 5

XI. FACILITY'S I.D. NO.

N Y D 0 4 3 8 1 5 7 0 3

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code.)

4626 Royal Ave.  
Niagara Falls, N.Y. 14303

XII. FACILITY NAME (specify).

Frontier Chemical  
Waste Process Inc.

MUN.

COUNTY

XIV. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Barium Compounds, n.o.s. MDN- PA A 0425143	14	D 0 0 5	2100	K	
2	Trichloroethylene MDN- PA A 0425143	14	F 0 0 2	460	K	
3						
4						
5						
6						
7						
8						
9						
10						

XV. COMMENTS (enter information by line number-see instructions.)

APR 5 1982

3

OK JAB 7-12-82

ORIGINAL (Red)

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF SOLID WASTE MANAGEMENT  
HAZARDOUS WASTE REPORT

Please print or type with ELITE type (12 characters/inch)

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING

6-30-1982

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING

- - - 19

II. INSTALLATION'S ID. NUMBER

PA0004374955

III. NAME OF INSTALLATION

Phillips ECG Inc

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3101 Pleasant Valley Blvd

CITY OR TOWN

Altoona

ST. ZIP CODE

PA 16603

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

Altoona

CITY OR TOWN

ST. ZIP CODE

COUNTY

Blair

VI. INSTALLATION CONTACT

NAME (last and first)

Hoppel Thomas

PHONE NO. (area code & no.)

814 943 1126

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

None

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

\$ 13,000

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (dispose facilities only)

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppel

A. Print or Type Name

*Thomas O. Hoppel*

B. Signature

7-1-82

C. Date Signed

3 NK HP 10-20-82

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF SOLID WASTE MANAGEMENT  
HAZARDOUS WASTE REPORT

ORIGINAL  
(Red)

Please print or type with ELITE type (12 characters/inch)

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING

9-30-1982

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING

- - 19

II. INSTALLATION'S ID. NUMBER

PAD004374955

III. NAME OF INSTALLATION

Phillips ECG Inc.

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3101 Pleasant Valley Blvd

CITY OR TOWN

Altoona

ST. ZIP CODE

PA 16603

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

Altoona

CITY OR TOWN

ST. ZIP CODE

COUNTY

Blair

VI. INSTALLATION CONTACT

NAME (last and first)

Hoppel Thomas

PHONE NO. (area code & no.)

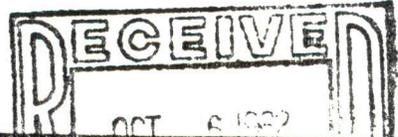
814 943 1126

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

None

NO SHIPMENTS



VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

\$ 12500

B. COST ESTIMATE FOR FACILITY CLOSURE MAINTENANCE AND MAINTENANCE (disposal hazardous waste)

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppel

Thomas O. Hoppel

10-4-82

A. Print or Type Name

B. Signature

C. Date Signed

3 OK JAS 1-13-83

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF SOLID WASTE MANAGEMENT  
HAZARDOUS WASTE REPORT

ORIGINAL  
(Red)

Please print or type with ELITE type (12 characters/inch)

PLEASE PLACE LABEL IN THIS SPACE	I. TYPE OF HAZARDOUS WASTE REPORT	
	PART A: GENERATOR QUARTERLY REPORT	
	THIS REPORT IS FOR THE QUARTER ENDING	12-31-1982
	PART B: FACILITY QUARTERLY REPORT	
	THIS REPORT IS FOR THE QUARTER ENDING	- - 19

II. INSTALLATION'S ID. NUMBER  
PA0004374955

III. NAME OF INSTALLATION  
Philips ECG Inc

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3101 Pleasant Vally Blvd

CITY OR TOWN

Altoona

ST. ZIP CODE

PA 16602

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

CITY OR TOWN

ST. ZIP CODE

COUNTY

Altoona  
Blair

VI. INSTALLATION CONTACT

NAME (last and first)

Hoppel Thomas

PHONE NO. (area code & no.)

814 943 1126

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

NY D043815703

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE	B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)
\$ 12,500	\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppel      Thomas O. Hoppel      1-10-83

A. Print or Type Name      B. Signature      C. Date Signed

ORIGINAL  
(Red)

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL USE ONLY (Items 1 and 2)	1. DATE RECEIVED	19	X. GENERATOR'S I.D. NO.
	2. RECEIVED BY	PAD004374955	

XI. FACILITY'S I.D. NO.	XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code)
NYD043815703	4626 Royal Ave. Main P.O. Box 1471 Niagara Falls, NY 14302
XII. FACILITY NAME (specify)	MUN. COUNTY
Frontier Chemical Waste Process Inc.	

XIV. WASTE IDENTIFICATION						
LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter(HWT) License No.
1	Waste Poisonous Solid, n.o.s. (Barium Compounds) MDN- PA A0425154	15	D005	2360	K	AH0153
2	Waste Trichloroethylene -RQ MDN- PA A0425154	<del>17</del> A	F002	230	K	AH0153
3	Waste Solvents, n.o.s. MDN-	07	F005	150	K	AH0153
4	MDN-					
5	MDN-					
6	MDN-					
7	MDN-					
8	MDN-					
9	MDN-					
10	MDN-					

XV. COMMENTS (enter information by the generator in accordance with instructions)

Div. 0112

Do Not Keypunch!

ORIGINAL  
(Red)

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL USE ONLY (Items 1 and 2)	1. DATE RECEIVED	-	-	1	9	X. GENERATOR'S I.D. NO.
	2. RECEIVED BY	PAD004374955				
XI. FACILITY'S I.D. NO.			XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code)			
RECYCLE, RECLAIM			RD 1, Box 195			
XII. FACILITY NAME (specify)			Kempston, PA 19529			
American Products Co.			MUN.	COUNTY		

XIV. WASTE IDENTIFICATION						
LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Ethyl Alcohol MDN- PA A0425176	07	D001	7021	K	
2	MDN-					
3	MDN-					
4	MDN-					
5	MDN-					
6	MDN-					
7	MDN-					
8	MDN-					
9	MDN-					
10	MDN-					

XV. COMMENTS (enter information by line number - see instructions.)

1. This alcohol is collected by American Products Co. for reuse by American Products Co.

3 4-8-83

MARK ENDECK  
ALTOONA

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF SOLID WASTE MANAGEMENT  
HAZARDOUS WASTE REPORT

ORIGINAL  
(Red)

Please print or type with ELITE type (12 characters/inch)

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING

3-31-1983

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE QUARTER ENDING

- - - 1 9

II. INSTALLATION'S ID. NUMBER

PAD004374955

NAME OF INSTALLATION

Philips ECG Inc

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3101 Pleasant Valley Blvd

CITY OR TOWN

Altoona

ST. ZIP CODE

PA 16602

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

Altoona

CITY OR TOWN

ST. ZIP CODE

COUNTY

Blair

INSTALLATION CONTACT

NAME (last and first)

Hoppel Thomas

PHONE NO. (area code & no.)

814 943 1126

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

NYD043815703

PAR000060003



VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

\$ 12,500

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppel

Thomas O. Hoppel

4-4-83

A. Print or Type Name

B. Signature

C. Date Signed

ORIGINAL  
(Red)

F3-9012-16



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE PA 02 SITE NUMBER PA-2851

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site): Carol Cable Company

02 STREET, ROUTE NO. OR SPECIFIC LOCATION IDENTIFIER: 3101 Pleasant Valley Boulevard

03 CITY: Altoona

04 STATE: PA 05 ZIP CODE: 16603 06 COUNTY: Blair County

07 COUNTY CODE: 013 08 CONG. DIST.: PA09

09 COORDINATES: LATITUDE 4 0° 2 9' 1 0" N LONGITUDE 7 8° 2 3' 5 4" W

10 DIRECTIONS TO SITE (Starting from nearest public road): From Route 270, take the Altoona exit (Pleasant Valley Boulevard). At the end of the exit ramp, make a left. Follow this road to the intersection of Pleasant Valley Boulevard. Make a right. Carol Cable Company is 1/4-mile up on the right side.

III. RESPONSIBLE PARTIES

01 OWNER (If known): Carol Cable Company

02 STREET (Business, mailing, residential): 3101 Pleasant Valley Boulevard

03 CITY: Altoona

04 STATE: PA 05 ZIP CODE: 16603 06 TELEPHONE NUMBER: (814) 944-5002

07 OPERATOR (If known and different from owner): Carol Cable Company

08 STREET (Business, mailing, residential): 3101 Pleasant Valley Boulevard

09 CITY: Altoona

10 STATE: PA 11 ZIP CODE: 16603 12 TELEPHONE NUMBER: (814) 944-5002

13 TYPE OF OWNERSHIP (Check one):  
 A. PRIVATE  B. FEDERAL  C. STATE  D. COUNTY  E. MUNICIPAL  
 F. OTHER: \_\_\_\_\_ (Specify)  G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply):  
 A. RCRA 3001 DATE RECEIVED: 01 / 08 / 90 (MONTH DAY YEAR)  
 B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: \_\_\_\_\_ (MONTH DAY YEAR)  
 C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION:  
 YES DATE: 01 / 23 / 91 (MONTH DAY YEAR)  
 NO

BY (Check all that apply):  
 A. EPA  B. EPA CONTRACTOR  C. STATE  D. OTHER CONTRACTOR  
 E. LOCAL HEALTH OFFICIAL  F. OTHER: \_\_\_\_\_ (Specify)

CONTRACTOR NAME(S): NUS Corporation (Specify)

02 SITE STATUS (Check one):  
 A. ACTIVE  B. INACTIVE  C. UNKNOWN

03 YEARS OF OPERATION: 1989 (BEGINNING YEAR) \_\_\_\_\_ (ENDING YEAR)  UNKNOWN

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED: According to plant representatives, only five gallons of Markum 320 (a stamp cleaner or solvent), five gallons of agetene (a mechanical parts cleaner), and rags containing the aforementioned cleaners are currently on site.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION: The potential exists that a small amount of a solvent waste could spill and wash down a floor drain and into the sewer system.

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one: If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents):  
 A. HIGH (Inspection required promptly)  B. MEDIUM (Inspection required)  C. LOW (Inspect on time available basis)  D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT: Donna Santiago

02 OF (Agency/Organization): U.S. EPA

03 TELEPHONE NUMBER: (215) 597-1105

04 PERSON RESPONSIBLE FOR ASSESSMENT: Steve Sottung

05 AGENCY: NUS

06 ORGANIZATION: FIT 3

07 TELEPHONE NUMBER: (215) 687-9510

08 DATE: 02 / 01 / 91 (MONTH DAY YEAR)



ORIGINAL  
(Red)



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION	
01 STATE PA	02 SITE NUMBER 2851

II. HAZARDOUS CONDITIONS AND INCIDENTS

01  A. GROUNDWATER CONTAMINATION  
 03 POPULATION POTENTIALLY AFFECTED \_\_\_\_\_ 02  OBSERVED (DATE \_\_\_\_\_)  POTENTIAL  ALLEGED  
 04 NARRATIVE DESCRIPTION

None reported or observed.

01  B. SURFACE WATER CONTAMINATION  
 03 POPULATION POTENTIALLY AFFECTED \_\_\_\_\_ 02  OBSERVED (DATE \_\_\_\_\_)  POTENTIAL  ALLEGED  
 04 NARRATIVE DESCRIPTION

None reported or observed.

01  C. CONTAMINATION OF AIR  
 03 POPULATION POTENTIALLY AFFECTED \_\_\_\_\_ 02  OBSERVED (DATE \_\_\_\_\_)  POTENTIAL  ALLEGED  
 04 NARRATIVE DESCRIPTION

None reported or observed.

01  D. FIRE/EXPLOSIVE CONDITIONS  
 03 POPULATION POTENTIALLY AFFECTED \_\_\_\_\_ 02  OBSERVED (DATE \_\_\_\_\_)  POTENTIAL  ALLEGED  
 04 NARRATIVE DESCRIPTION

None reported or observed.

01  E. DIRECT CONTACT  
 03 POPULATION POTENTIALLY AFFECTED \_\_\_\_\_ 02  OBSERVED (DATE \_\_\_\_\_)  POTENTIAL  ALLEGED  
 04 NARRATIVE DESCRIPTION

None reported or observed.

01  F. CONTAMINATION OF SOIL  
 03 AREA POTENTIALLY AFFECTED: \_\_\_\_\_ Acres 02  OBSERVED (DATE \_\_\_\_\_)  POTENTIAL  ALLEGED  
 04 NARRATIVE DESCRIPTION

None reported or observed.

01  G. DRINKING WATER CONTAMINATION  
 03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 02  OBSERVED (DATE \_\_\_\_\_)  POTENTIAL  ALLEGED  
 04 NARRATIVE DESCRIPTION

None reported or observed.

01  H. WORKER EXPOSURE/INJURY  
 03 WORKERS POTENTIALLY AFFECTED: 215 02  OBSERVED (DATE \_\_\_\_\_)  POTENTIAL  ALLEGED  
 04 NARRATIVE DESCRIPTION

Workers handle Markum 320 and agetene while cleaning mechanical parts and stamp presses.

01  I. POPULATION EXPOSURE/INJURY  
 03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 02  OBSERVED (DATE \_\_\_\_\_)  POTENTIAL  ALLEGED  
 04 NARRATIVE DESCRIPTION

None reported or observed.



**POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT**  
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

**I. IDENTIFICATION**

01 STATE PA	02 SITE NUMBER 2851
----------------	------------------------

ORIGINAL  
(Red)

**II. HAZARDOUS CONDITIONS AND INCIDENTS** *(Continued)*

01  J. DAMAGE TO FLORA  
04 NARRATIVE DESCRIPTION

02  OBSERVED (DATE: \_\_\_\_\_)     POTENTIAL     ALLEGED

None reported or observed.

01  K. DAMAGE TO FAUNA  
04 NARRATIVE DESCRIPTION *(Include names) of species*

02  OBSERVED (DATE: \_\_\_\_\_)     POTENTIAL     ALLEGED

None reported or observed.

01  L. CONTAMINATION OF FOOD CHAIN  
04 NARRATIVE DESCRIPTION

02  OBSERVED (DATE: \_\_\_\_\_)     POTENTIAL     ALLEGED

None reported or observed.

01  M. UNSTABLE CONTAINMENT OF WASTES  
*(Soils/runoff/standing liquids/leaking drums)*  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02  OBSERVED (DATE: \_\_\_\_\_)     POTENTIAL     ALLEGED

04 NARRATIVE DESCRIPTION

None reported or observed.

01  N. DAMAGE TO OFFSITE PROPERTY  
04 NARRATIVE DESCRIPTION

02  OBSERVED (DATE: \_\_\_\_\_)     POTENTIAL     ALLEGED

None reported or observed.

01  O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs  
04 NARRATIVE DESCRIPTION

02  OBSERVED (DATE: \_\_\_\_\_)     POTENTIAL     ALLEGED

Floor drains are located throughout the plant. The possibility exists that a small amount of solvent waste could spill and wash down a floor drain into the sewer system.

01  P. ILLEGAL/UNAUTHORIZED DUMPING  
04 NARRATIVE DESCRIPTION

02  OBSERVED (DATE: \_\_\_\_\_)     POTENTIAL     ALLEGED

None reported or observed.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

None.

III. TOTAL POPULATION POTENTIALLY AFFECTED: 215

**IV. COMMENTS**

N/A

**V. SOURCES OF INFORMATION** *(Cite specific references, e.g. state files, sample analysis, reports)*

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SECTION 6

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